



AUGUSTA UNIVERSITY

CAMPUS JAGCARD / ID BADGE / ACCESS CARD AUTHORIZATION FORM

TO BE COMPLETED BY HIRING SUPERVISOR/OR HR- THEN FORWARD TO HUMAN RESOURCES FOR VERIFICATION

ELECTRONIC SIGNATURES PREFERRED
Incomplete Forms Will Be Returned

EMPLOYEE INFORMATION

Name on Payroll: Please print employee's full name (First Name) (M.I.) (Last Name)

BANNER #: (9 DIGIT ID)	Phone Number	Date of Hire or Transfer:	Last 4 SSN #:
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Address: Please print employee's full address
(Street) (City) (State) (Zip Code)

Department Name/Position: If employed in the Hospital & Clinics, Medical College of Georgia, or Georgia War, list the employee's title (please use official title listed on the ePAR).

Credentials: All credentials must be verified and approved with Human Resources.

ACCESS REQUIREMENTS (✓ Please check the appropriate box)

Restricted Access List the restricted areas for which the employee will need access and obtain the signature of the building coordinator for each restricted area listed.

Restricted Areas

Signature of Building Coordinator

ACKNOWLEDGEMENTS / SIGNATURE

I confirm and certify this is an active Augusta University employee and authorize the issuance of a JagCard/Employee ID to the Staff/Faculty member listed above.

Human Resources (OR Authorized Sponsor) Printed Name

Date

Approval Signature

JAGCARD USE ONLY- BADGE #

Revised 9/15/2020 gjj

